

## FINGERPRINT CARD INSTRUCTIONS FOR COUNTY LICENSED FACILITIES

*It is recommended that fingerprints be submitted through Live Scan.  
If you use Live Scan, please follow the directions on the  
Request for Live Scan Service form (BCII 8016).  
If you choose to submit your fingerprints on a card,  
please follow the card submission instructions below.*

Two completed FD 258 fingerprint cards must be submitted for each person. Do not fold or staple either card.

To order additional cards, complete the Forms Request (LIC 183) and fax or mail your request to the CDSS Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788. The fax number for the CDSS Warehouse is (916) 371-3518. You may also contact your county licensing office for additional fingerprint cards.

### **COMPLETING THE FINGERPRINT CARDS:**

- Use the fingerprint card FD 258 (CCL) only.
- To prevent delays in processing, make sure every item identified below, is completed in black ink and easy to read.
- **NAM:** Use your full legal last, first and middle name on the card.
- **ALIASES AKA** - This includes maiden names
- **RESIDENCE OF PERSON FINGERPRINTED:** Enter your mailing address if different than your residence.
- **DATE OF BIRTH DOB:** Enter your birth month, day and year.
- **CITIZENSHIP CTZ:** Leave this box blank.
- **SEX:** Enter M for male or F for female.
- **RACE:** Leave this box blank.
- **HGT:** Enter your height.
- **WGT:** Enter your weight.
- **EYES:** Enter your eye color.
- **HAIR:** Enter your hair color.
- **PLACE OF BIRTH POB:** Enter the city, state and country in which you were born.
- **YOUR NO. OCA:** Write your facility number in this box. **Double check the number to make sure it is correct!**
- **EMPLOYER AND ADDRESS:** Write the county licensing office's complete mailing address in this box on each fingerprint card used.
- **FBI NO. FBI:** Leave this box blank.
- **ARMED FORCES NO. MNU:** Leave this box blank.
- **REASON FINGERPRINTED:** Write your facility type followed by your position type in this box (for example FAMILY CHILD CARE: employee, or FOSTER FAMILY HOME: licensee).
- **SOCIAL SECURITY NO. SOC:** Write your social security number in this box.
- **MISCELLANEOUS NO. MNU:** Leave this box blank.

## **CHILD ABUSE CENTRAL INDEX CHECK**

All persons associated with children's facilities, that are required to submit fingerprints, must also submit a Child Abuse Central Index Check (LIC 198) at the same time. Use only the LIC 198 for this purpose.

To order additional LIC 198's, complete the Forms Request (LIC 183), and fax or mail your request to the CDSS Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788. The fax number for the CDSS Warehouse is (916) 371-3518. You may also contact your county licensing office for additional LIC 198's. Do not photocopy the blank forms in the license application booklet.

- **Be sure that every item identified is completed in black ink and is easy to read.**
- The form must be signed and dated.
- Make sure you use your full legal last, first and middle name.
- Make a photocopy for your records.

**Both fingerprint cards, the FD-258 (CCL) and the Child Abuse Central Index Check (LIC 198), must be submitted to your county licensing office.**

**There may be a processing fee for the Child Abuse Central Index Check. Consult with your county licensing office.**

# FD-258 FINGERPRINT CARD

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

✓

SIGNATURE OF PERSON FINGERPRINTED

✓

ALIASES AKA

✓

O  
R  
I

CA0349400

BU OF ID & INFO  
SACRAMENTO CA

RESIDENCE OF PERSON FINGERPRINTED

✓

DATE OF BIRTH DOB

Month Day Year

CITIZENSHIP CTZ

✓

SEX

✓

RACE

✓

HGT.

✓

WGT.

✓

EYES

✓

HAIR

✓

PLACE OF BIRTH POB

✓

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

✓

LEAVE BLANK

EMPLOYER AND ADDRESS

✓

FBI NO. FBI

✓

ARMED FORCES NO. MNU

✓

CLASS \_\_\_\_\_

REASON FINGERPRINTED

✓

SOCIAL SECURITY NO. SOC

✓

REF. \_\_\_\_\_

MISCELLANEOUS NO. MNU

✓

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# FD-258 (CCL) FINGERPRINT CARD

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED ✓		ALIASES <u>AKA</u> ✓		O R I CA0349400 BU OF ID & INFO SACRAMENTO CA						DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED ✓										PLACE OF BIRTH <u>POB</u> ✓	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u> ✓		SEX ✓	RACE ✓	HGT. ✓	WGT. ✓	EYES ✓	HAIR ✓
				YOUR NO. <u>OCA</u> ✓		LEAVE BLANK					
EMPLOYER AND ADDRESS ✓ CDSS-CCUD-CBCB 744 P Street, MS 19-62 Sacramento, CA 95814		FBI NO. <u>FBI</u> ✓		ARMED FORCES NO. <u>MNU</u> ✓		CLASS _____					
REASON FINGERPRINTED ✓ Facility Type: Position		SOCIAL SECURITY NO. <u>SOC</u> ✓		MISCELLANEOUS NO. <u>MNU</u> ✓		REF. _____					
DSS day care over 6 volunteer											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			